

Accelerate health system renewal, says Health Council

It's time to accelerate the renewal of Canada's "patchwork" approach to healthcare with an emphasis not only on access, but also on quality, says a new report from the Health Council of Canada.

"Access is important, but it's time to balance the discussion and devote equal attention to the quality of care we receive," Chair Michael Decter said at the launch of the Council's second annual report, *Health Care Renewal in Canada: Clearing the Road to Quality* (www.healthcouncilcanada.ca). "Having access to something that's of uneven quality isn't the answer."

The 2003 First Ministers' Health Accord created the Council to monitor and report on progress in renewing the system. Thus far, that progress has been "tentative and uneven," said Decter. "It needs to happen faster."

Health Minister Tony Clement agreed that "having a health care focus on [quality] will be beneficial." But he told reporters "We're about access, not just quality." He did not commit Ottawa to implementing any of the report's recommendations.

The Council's emphasis on quality includes a push to reduce adverse events (AEs) and their resultant drain on resources. Among the 20 hospitals studied in the year 2000, AEs led to 1521 additional hospital days (*CMAJ* 2004;170:1678-86).

To improve patient safety the council wants:

- mandatory accreditation of all health care facilities as a condition of public funding, and a public release of accreditation reports;
- re-examination of no-fault compensation for victims of AEs;
- job protection for whistleblowers;
- quality councils in all provinces; and
- electronic health records for all Canadians by 2010 at a cost of roughly \$10 billion — 10 times the current budget of Canada Health Infoway, the organization charged with leading that initiative.

Richard Alvarez, Infoway's president and CEO, says "You can't have pri-

mary health care reform without a shared record." The UK recently invested \$60 billion in electronic health records, but in Canada, "it's happening too slowly," he added.

Alvarez says electronic health records could save up to \$6.1 billion per year, mostly by reducing adverse drug events. They are the "foundation for improving safe quality care," added Decter. The council and Infoway are meeting in June to discuss ways to accelerate progress. — Barbara Sibbald, *CMAJ*

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Assisted suicide debated in the United States

When the US Supreme Court upheld Oregon's controversial assisted suicide law in January, it rekindled other states' efforts to pass similar legislation.

With a 6–3 decision, the court ruled that the US attorney general can't punish doctors who abide by Oregon's law, which specifies under what circumstances assisted suicide can be pursued.

The ruling set off reaction on both sides of the issue.

"We are disappointed at the decision," White House spokesman Scott McClellan said. "The President remains fully committed to ... valuing life at all stages."

Barbara Coombs Lee, co-CEO and president of Compassion & Choices, the US's largest choice-in-dying advocacy group, said: "This is a watershed decision for freedom and democracy in the US. It reaffirms the liberty, dignity and privacy Americans cherish at the end of life. No government should threaten these rights nor usurp a state's power to meet the needs of its dying citizens."

Since 1994, when Oregon voters authorized legally assisted suicide, about 200 terminally ill patients have opted to end their lives with a doctor's help.

Oregon's law requires 2 doctors to consult and agree that the patient would otherwise die of natural causes within 6 months. The patient must also

be considered of sound mind, and be able to self-administer the lethal dose of medicine.

In Canada, assisted suicide made headlines again in January when Marielle Houle, 60, of Montreal, pleaded guilty to helping her 36-year-old son, Charles Fariola, commit suicide when he could no longer bear the effects of multiple sclerosis.

Houle was given 3 years' probation, but the light sentence is not to be viewed as a model for other cases, stated Quebec Superior Court Justice Maurice Laramée. Rather it was a compassionate ruling in light of Houle's physical, psychological and emotional frailty. "Ms. Houle's actions remain very reprehensive and unlawful," he stated.

Although federal law in Canada forbids physicians from assisting patients to end their own lives, no such sweeping legislation exists in the US.

Currently, 44 states have laws outlawing physician-assisted suicide, and Virginia deems it a civil offense. Three states have no statute that either permits or prohibits assisted suicide. Ohio's Supreme Court decriminalized it but state regulations still forbid it. Voter initiatives to pass assisted suicide legislation have failed in Michigan, Hawaii, Maine and the state of Washington.

The spotlight is now on California, where a bill similar to Oregon's law was introduced in January. Gov. Arnold Schwarzenegger believes citizens should



Marielle Houle of Montréal pleaded guilty Jan. 23 to helping her son kill himself.